



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSIC*

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)					
PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
THORNTON	GAUIN	KEITH	(808) 527-8016		
MAILING ADDRESS (Street)			FAX		
924 BET	HEL STREET		(808) 527 - 8088		
(City)	(State)	(Zip	Code)		
Honocucy	HI	96	813		
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business	entity which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
	(0)-1-1	(7in	Code		
(City)	(State)	(Zip	Code)		
PART II ORGANIZATION					
NAME OF ORGANIZATION VOLLI ORRY FOR (Do not abbreviate)			TELEPHONE		

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
LEGAL AZO SOCIETY OF HAWAIR	(808) 536-4302
MAILING ADDRESS (Street)	FAX
924 BETHEL STREET	(808) 527-8088
(City) (State)	(Zip Code)
HONOLULU HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
WAYNE KEAWE	536-4302
MAILING ADDRESS (Street)	FAX
924 BETHEL STREET	(808)527-8088
(City) (State)	(Zip Code)
HONOLULU HI	96813

PART III DESCRIPTION OF	SUBJECTS UPON WHICH Y	OU EXPECT TO LOBBY	
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION C	****		
I hereby certify that the inf	ormation furnished above is, to	o the best of my knowledge, con	rect and complete.

(Signatu	re of Lobbyist)	(Date)
PART V AUTHORIZATION TO LO	OBBY	
NAME	TITLI	OF AUTHORIZING OFFICER OR PERSON REPRESENTED
WAYNE KEAWE	^	Comptrollen
NAME OF ORGANIZATION (if applicable)		TELEPHONE
LEGAL AID SOC	IETY OF HAW	4EI (802) 536-4302
MAILING ADDRESS (Street)		FAX
924 BETHEL		(808) 527-8088
(City)	(State)	(Zip Code)
Honoror	HI	96813
I hereby authorize the above - n	amed person to engage in l	obbying activities on behalf of the undersigned.
Colone Car	w	1/23/07
(Signature of Authorizing C	Officer or Person Represented)	(Date)